

Community Relations

Form For Filing Complaints

Box Butte County School District 07-0006
Alliance Public Schools
1604 Sweetwater Avenue
Alliance, Nebraska 69301

Date:

Person Making Complaint:

Address:

Phone:

(1) Name of child or person who you believe to have been unlawfully harassed:

_____.

(2) Statement of facts detailing date and manner in which child or person was harassed:

_____.

(3) Names of witnesses to the harassment:

_____.

(4) Relief requested (what I want done in response to this request):

_____.

The undersigned states: I have a reasonable belief that the facts in this complaint are true and accurate, I am familiar with the School District's Title IX and anti-discrimination grievance and complaint procedures, and I give permission for an investigation to be made into this complaint.

Received by: _____

Signature: _____
Date: _____

Date of Adoption: August 7, 2017